Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center Office of Public Records Legislative Resource Center B-106 Cannon Building Washington, DC 20515

232 Hart Building Washington, DC 20510

SECREDARY OF THE SENAT 00 JAN 11 PM 3: 24 H.D.

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 🚨 1. Effect	tive Date of Registr	9/21/99			
House Identification NumberSenate Identification Number	ate Identification Number				
REGISTRANT 3. Registrant name International Swaps a Address 600 5th Avenue, 27		nives	Association		
City New York	State NV	Zip	10020		
4. Principal place of business (if different from line 3)  City Washington	State/Zip (or Coun	try) D			
5. Telephone number and contact name (202) 457-6545 Contact Stacy					
6. General description of registrant's business or activities Financial Trade Associat	$\sim$		<i>y</i>		
CLIENT A Lobbying firm is required to file a separate registration for each client tabeled "Self" and proceed to line 10.  7. Client name	nt. Organizations employi	ng in-house	lobbyists should check the box		
Address					
City	State	Zip			
Principal place of business (if different from line 7)     Ony	State: Zip (e. Cou	аау) 🗀			
9. General description of client's business or activities					
LOBBYISTS  10. Name of each individual who has acted or is expected to act as a lobb this section has served as a "curvered executive branch official" or acting as a lobbyist for the client, state the executive and/or legislate.	'covered legislative b	ranch offi	cial" within two years of first		
Nanc	Covered C	sition (if applicable)			
Stacy Carey					
		<i>,</i>			
Form L.D-8 (Rev. 06/08)			Sharpe C		

egistrani Name <u>Tnternat</u> Associ	atun	AND IN TEREST Na	me <u>Self</u>			
OBBYING ISSUES  1. General lobbying issue area		plicable codes list	ed in instructions and on	the reverse s	de of Form LD-	l, page I.
FIN BAK I	BAN _		~	:	<u></u>	
2. Specific lobbying issues (cr	urrent and antic	ipated)				•
Reauthorizat Bonkruptay	nun of t Reform	re Comm Legislatio	odity Futur M	les Troid	ing Com	พาเรียนท
FFILIATED ORGA  Is there an entity other the a semiannual period and	an the client th	nat contributes m			:	•
A in p Go whice t	14	۵۲es	i Corapiets the rest of the criteria above,			y matching .
Name	Name Address		dress	Principal Place of Business (city and state or country)		
b) directly or indi- activities of the c) is an affiliate o	y that: 0% equitable of rectly, in who e client or any f the client or	le or in major pa organization ide	client or any organiza t, plans, supervises, or ntified on line 13; Or identified on line 13	ontrols, dire	cts, finances or	r subsidizes
of the lobhying  No ⇔ Sign and date	activity?	-	Yes 3 Complete th	e de la constant		
7			•	ne criteria al	ove, then sign	_
Name	Add	ress	Principal place of business (city and state or coun	cor	mount of tribution for ying activities	Ownership percentage in client
			· :			
Signature Ata	g c.C	ay	1	Date <u>'</u>	14/00	
Printed Name and Title	Stau	C. Carey	Director U.S	Degu	Iston 1	Policy
Form LD-1 (Rev. 06/98)	J	٠.		9	U	Years.